STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) unale (Month) 5a. If merried, widowed, or divorced HUSBAND of RTIFY. That I attended deceased from (or) WIFE of certificate 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE If LESS than Month: Devs to heve occurred on the date stated above, et-1 dey, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were es follows 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. be of may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Total time (years) spent in this this occupation (month and occupation ... Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city/or fown) (State or country) should be carefully What test confirmed diegnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ... DEATH 16. BIRTHPLACE (city er town) (State or country) Where did injury occur? ___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT very (Address) OF 18. BURIAL, CREMATION, OR BEMOVAD Menner of injury WRITE CAUSE mation LION Nature of Injury 24. Wes disease or injury in eny wey related to occupation of If so, specify 2 (Address)

BINDING

RESERVED

ARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BTIRHAU	, p		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BIND

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Foreman, For many occupations a or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on not gainfully em-The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

di	S act	PLACE OF DEATH	13242	STATE C
W	HÄ	County My		CERTIFICA
file	- i		115-0	Registra
	THE PERSON NAMED IN COLUMN 1	The Day of		Registra
78.	0 0	Village or City January (No		St.: V
	d EX	2FULL NAME Dastelf	Bich	oh
<u></u>	rege	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICA
ING A	te s be p ck of	Femal Color OR RACE SSINGLE, MARRIED, WIDOWED Rusyle OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH	Nov.
BIND	hou th	6 DATE OF BIRTH Canuary 20, 1927	Nov- 4	CERTIFY, That
SA	AC th offo	(Month) (Day) (Year)	that I last saw h	
F S	led. ACE and is so that structions	If LESS than I day hrs.		
RESERVED	ully suppli plain term nt. See in	yrs	Mys	(Duration)
RGIN	be caref EATH in importa	9 BIRTHPLACE (State or country)	Contributory Secondary	(Duration)
MAR LY, ITH UNI	mation should SCAUSE OF D	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Elizabeth Wither	(Signed)	(Address) Luscase Causing Date (1) Means of Homicidal.
PLA	f Info	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsme	osds.
WRITE	ery item of ANS should atement of	(Informant) Dan. Withen (Address) files firing Md	if not at place of deal Former or usual residence	OR REMOVAL
G	N. B.	Filed Wav 9 1931 J. E. Wully Registrar If more branks are needed, address State Registrar	20 UNDERT MEN	uslan Salto,, Sequesting
	1		7.10	7

OF MARYLAND ATE OF DEATH

tion Dist No. 2

Ward) (If death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

MEDICAL	CERTIFICATE	OF DEATH	1
DATE OF DEATH	Ver.	9	, 193/
	454		
Nov- 4	ERTIFY, That I at	ttended the d	leceased from
at I last saw hand	live on	7	193
d that death occurred as CAUSE OF DEATH	was as follows:		8.3% p., m
Mys	adr	4:	***********************
	(Duration)	1/90	2_d.

eath, or, in death from f Injury and (2) Whether

ospitals, Institutions, Trans-

n the State yrs mos da.

BURIAL

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocor given up on account of the DISEASE CAUSING FEATH, state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter whatever write None. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Housemaid etc. If the occupation has been changed to report specifically the occupations of persons enwork, Foreman, applies to each and every person, irrespective of For many occupations a single word or term or or Al Home, and children, not gainfully em-118). Farm laborer, that fact may be indicated thus; Farmen reins). For persons who have no occupation (b) Cotton mill; (a) Salesman. without more precise specification as Day (6) Automobile factory. The material Lahorer-Coal mine, etc. (b) Grocery; engineer, Wom-

Statement of Cause of Death—Name, first, We place East Causing Death (the primary affection with respect to time and causation), using always the same accounted term for the same disease. Examples: Cerebra point fewer (the only definite synonym is "Epidemic cerebraspinal meningitis"; Dinktheria avoid use of "Croup"; Typhoid fewer never report "Typhoid Procumonia," Lobar pneumonia, Brouchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease as fracture of skuil, and consequences (e.g., sepsis, fetanum) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonihis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), (secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "Exhaustion," Chronic interstitial nephritis, (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY 'name origin; "Cancer" is less definite; avoid cough; Committee on 29 ds.; Bronchopneumonia (secondary), "Heart failure," "Haemorrhage, Chronic etc. valeular heart Nomenclature The contributory Always qualify all "Convulsions, Mousles; disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

m. ż

CERTIFICATE OF DEATH Registration Dist. No. 2/ Village or City files ffright. St.: Ward) St.: Ward) St.: Ward of street	4
Registration Dist. No. 2/	urred in institu- ME in- et and
Village or City files Fresh. St.: Ward) (If death occur a hospital or	irred in institu- ME it - et and
2FULL NAME Man E Bacon tion, give its NA stead of street number.)	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED 16 DATE OF DEATH 195	5/Year)
6 DATE OF SIRTH 17 I HEREBY CERTIFY, That I attended the decease [Month] (Day) (Year) that I last saw ham alive on American decease.	193
7 AGE 8 9 yrs. 3 mos. 12 ds. or min.? If LESS than and that death occurred on the date stated above, at	Pm.
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	
which employed or (employer) 9 BIRTHPLACE (State or country) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)	ds.
10 NAME OF FATHER SIGNAL (Signed) (Signed) (Address) Like Like Like In Signal (Address) Like Like In Signal (Address)	M. D.
OF FATHER (State or country) *State the lisease Causing Death, or, in deather Violent Causes, state (1) Means of Injury and (2) Who Accidental, Suicidal or Homicidal.	frem ether
OF MOTHER Laura Military 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)	Trans-
13 BIRTHPLACE OF MOTHER (State or Country) At place of death yrs. Z mos 2 ds. In the State yrs mos.	28.ds.
Where was disease contracted, Where was disease contracted, if not at place of dea.h?	00000000000000000000000000000000000000
(Informant) flurian Hawland (Address) fatter flying Mod Former or usual residence usual residence (Address) fatter flying Mod (Address) fatter flying Mod (Address)	19 3/
Filed WWY 8 1925 J. B. Dudley 20 UN DERTAKER Washing Washing Washing Washing Washing Washing Washing W. S. No. 1.	

000

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseuborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") fener (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EA : CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bistime and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as eough; Chronie affection etc. The contributory valvular heart Nomenclature of the need not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) Mard St.: Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) BIND 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Day) (Yesr) 7 AGE If LESS than and that death occurred on the date stated above, at A. The CAUSE OF DEATH * was as follows: RESERVEDmin.? OT. 8 OCCUPATION (a) Trade, profession or 20 particular kind of work plai (b) General nature of industry business, or establishment in which employed or (employer) MARGIN 9 BIRTHPLACE Secondary (State or country) EA. (Duration) mos 10 NAME OF FATHER / O (Address) 11 BIRTHPLACE Violent Causes, stato (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal, OF FATHER deaths Tom (State or country) 2 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-90 ients or Recent Residents) stat 13 BIRTHPLACE At place In the OF MOTHER of death vrs. mos. de. State yra mos da. (State or Country) 00 Every item of CIANS should statement of C Where was disease contracted, if not at place of death?. Former or usual residence 19 PLACE OF BURIAL DATE OF BURIAL ADDR 15 20 UNDERTAKER Filed Was If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrapinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

N. W

1	13245 STATE OF MARYLAND
County Montagemen	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 2/3
Village or City January (No	St.: Ward) St.: Ward) Broadland (If death occurred I a hospital or institution, give Its NAME Is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1931, to 1931
7 AGE (Stillbern) If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or	and that death occurred on the date stated above, atn The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duretion)yrsd
10 NAME OF FATHER James Wilson Broadlung 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or Country) M .	HELENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds.
(Informant) Ella E. Broadhurst (Address) Porportle #3	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS
Filed //- /3 1923/ Mrs. M. /. Orall Registrar	James W. Broadhurst Montroes er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on 07 Farm laborer, At Home, and children, without more precise specification as Day For persons who have no occupation (b) If the occupation has been changed Automobile factory. The Laborer--Coal minc, etc. not gainfully emmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, approved by Committee on as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Tnanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion, (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY 9 9 "Heart failure," "Haemorrhage, Chronic etc. The contributory affection need valvular Nomenclature Always qualify all heart Measles; not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH	13246
1. PLACE OF DEATH	145-0	10640
County mont gonderes	Registration Dist. No.	217
Village or City Olney (If	No. Mo. At Co See Store S death occurred in a hospital or institution, give its NAME instead of street	et and number)
Length of residence in city or town where deelh occurredyrs,mos	38. ds. How long In U.S. if of foraign birth? yrs	mos ds.
2. FULL NAME Mary Grogdest		
(a) Residence: No. Sovo Seaselle - 3nd (Usual place of abode)	St., Ward. If nonresident give city or too	wn and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
3. SEX 4. COLOR OR RACE 5. SHOOLE, MARRIED, WIDOWED, OR DIVORGED (- inc the WORD)	21. DATE OF DEATH (Month) (Ody)	, 193/ (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Cray Brogden	22. HEREBY CERTIFY, That I all	lended decaased from
6. DATE OF BIRTH (month, day, end year) July 6 th-1909	Hast saw h. LA aliva on Mon 710 11	3/; daath is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	e Oate of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Pelvie afceso	19731
work was done, as SILK MILL, fun home SAW MILL, BANK, etc 10. Date deceased last worked at July 3/- this occupation (month end grant) year) 11. Total time (years) spant in this 2 mu occupation	a purposal case. Curti.	
12. BIRTHPLACE (city or town) Md - (State or country)	Other Contributory Causes of Importence:	Inter 31
13. NAME Thas Gant	Sopret , with drawn or	-7-7-
13. NAME That Gant 14. BIRTHPLACE (city or town) and - Brookeville (State or country)	Name of operation De What test confirmed diagnosis? More Was the	te of 19/10/3
15. MAIDEN NAME malinda Diggs	23. If death was due to external causes (VIOL ENCE) fill in also the fo	
16. BIRTHPLACE (city or town) Brookeville - (State or country)	Accident, suicide, or homicide?	, 19
17. INFORMANT Levey Brogher (Address) Broskeville mil.	(Specify city or town, county a Specify whether injury occurred in INOUSTRY, in HOME, or in PUBI	ind State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Md Oate Nov 9. 19 3/	Manner of injury	
19. UNDERTAKER Roy W. Barber	24. Wes disease or injury In any way related to occupation of deceas	ed? 2
20. FILEO Now 9, 1931 Cl Barnsley Registrar.	(Signed) Sand Sp	M. D.
If more blanks are needed address State Registrar	Tare N. Charles Street Baltimore Properties 21 S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and relater of importance were as follows:	d causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURTA	U 7.5		
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
---	------------	---------	-----	---------	------------	----	----------

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 273 a hospital er institu-tion, give its NAME instead of street and PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE OR DIVORCED (Month)-I HEREBY CERTIFY, That I attended the deces 6 DATE OF BIRTH (Day) and that death occured on the date stated above, at .. 2.130 p 7 AGE IIf LESS than I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE DEAT (Address) ... 11 BIRTHPLACE RENTS OF FATHER Discaso Causing Death, or, in deaths TION (State or country) Violent Caus s, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs......ds. State ______ds. (State or country) 00 Where was disease contracted, if not at place of death?.. Every Item CIANS sho usual residence. PLACE OF BURIAL OR REMOVAL If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDI

SERVE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Theat-(a) Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; if nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Salesman. Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Fpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); "phoid fever (never report "Typhoid Pneumonia"); "Typhoid Pneumonia"); "Typhoid fever (never report "Typhoid Pneumonia"); "Typhoid

approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sareoma, (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepses) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan he ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory. Examples: Accidental drouning; Struck by railway train Whooping eough; (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic Example: Measles (disease etc. valvular heart disease; The contributory " "Convulsions, not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate in permanently filed.

1 40	1	10440
xac	PLACE OF DEATH	STATE OF MARYLAND
± m	County MAS	CERTIFICATE OF DEATH
ed.		186-0 Registration Dist No. 2/
SIE	William on City Pol. Margarety	
EXAC	Village or City Liber Lynny (No. 2FULL NAME Mr. Emma B	St.: Ward (If death occurred a hospit I or institution, give its NAME istead of street annumber.)
cpe	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ld Le st ny he pr ack of	Jemale While Single, MARRIED, WIDOWED WINDOWS OR DIVORCED (Write the word)	16 DATE OF DEATH 100 19, 1951 (Month) (Day) (Year)
me n	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased fro
1 th	Lehl. 26 1949	Non 10 193/ 10 Non 19 ,105,
tha	(Month) (Day) (Year)	that I last saw her alive on Nov 19 197
so ruc	7 AGE	
He.	82 yrs. 1 mos. 23 ds. or min.?	The CAUSE OF DEATH * was as follows:
upp ter	8 OCCUPATION (a) Trade, profession or //	Cating fell down to
o in	particular kind of work Aun with	steps. a cidental.
To the	(b) General nature of industry business, or establishment in	6
in in	which employed or (employer)	(Duration)yrs mos/ d
M T T	9 BIRTHPLACE (State or country)	Contributory Secondary
0 W Y	(State or country) Mary, D.C.	(Duration) yrsd
Ver Ver	FATHER Henry Bradle	(Signed) M. I
S III	0 11 BIRTHPLACE OF FATHER	Nov. 19 190 (Address) Lilver Aprile, my
tion AUS	Z (State or country) D.C. 12 MAIDEN NAME	*State the Discase Causing Death, or, in doaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
TA S	of MOTHER Elisabelly Evans	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
etct Scu	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of death yrs
T po	(State or country)	Where was disease contracted.
nou t of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or
iter ser	(Informant) JUS. Cercel	usual residence
IANS taten	(Address) 1/05-D= SE DE.	Washington be crans 190 . 193/
A O TO	15 Filed Mr 2 0 1931 J. E. Wudley 8	20 UNDERTAKER ADDRESS
80	Mylly Registrar	god. Lee · Rom. 332 Para Com
-	If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). business, that fact or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons worked on may form part of the second statement. mer, (b) Cotton mill; (a) Salesman. (b) Grocery.
Foreman, (b) Automobile fuctory. The materia For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many may be indicated thus; Farmer (re Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinals fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diohtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

> tetchus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) stited unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury Chronic interstitial nephritis, peritonaeum, etc., Carcinoma, Sarcoma, etc., ot Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid for malignant neoplasms); ('hronic etc. The contributory affection need valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N

	PLACE OF DEATH	1324 STATE OF MARYLAND
2	County Martyonny 92.	CERTIFICATE OF DEATH
		Registration Dist. No. 2 / \$
Vi	Mage or City wsowelle (No.	Ch. Wand (If death occurred in
	L	tion, giva its NAME it
	2 FULL NAME Levige Milton	stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE. M	16 DATE OF DEATH 1 37 ct
n	Married Marrie & Wildowed Wildowed	Ar. 1981
3 17	(Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
2	March 1859	1830 to 190
	(Month) (Day) (Year)	that I last saw hall alive on a TV (2 192).
7	AGE [If LESS than	
2	72 yrs. 8 mos. 0 ds. or min.?	
8	OCCUPATION	
	(a) Trade, profession or Merchant	
: 1	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration) yrs mos ds
9	BIRTHPLACE	Contributory Method Algungulah
	(State or country) Morely Ceo	(Duration) yıs. 4 mg. ds
	10 NAME OF	(Signed) Uption (Mouris) M. D.
	FATHER Dawrlice a Vary	1/4/- /1921 (Address) Danson loke
TS	11 BIRTHPLACE OF FATHER	*State the lls ase Causing Death, or, in deaths from fiolent Causes, state (1) Means of Injury and (2) Whether
ENTS	(State or country) Months Cos //	Note that the first state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
PAR	OF MOTHER Sille Cure Chiawer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE	ients or Recent Residants) At place In the
	(State or Country) Murily, Co W	of deathyrsmosds. Stateyrsnosds
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of doa h?
	Mrs Mill Grahy	Former or usual residence Dan Sonnalle
	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Bay Ma	10 1 10 19 1931
15	Tong & MANES	P20 UNDERTAKER ADDRESS
	Filed 1931 Registra:	Hillow & Hall Barnes alle
=	If muce banks are needed, addra, s Ltata Kegistra	r, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more pressure. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Housekeepers who receive a worked on may form part of the second statement. Physician, Compositor, Architect, Locomotive Foreman, (b) For many occupations a specifically the occupations of persons en-Automobile factory. The material single word or term on As examples: (a) (b) Grocery; engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart discase; Example: Measles (disease ete. The Nomenclature of the contributory Measles ; not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 B

item of infor-

	THE THE OF DEATH	13250
	County Mondonery	Registration Dist. No. 2
	Village or City No Carowningsville	No. St., Ward
	Length of residence in city or town where death occurred 8 yrs 2 mos	f death occurred in a horpital or institution, give its NAME instead of street and number)
	2. FULL NAME dus Tranville Das	7
	(a) Residence: No. hr & rowningsville mg) (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Nov. 23 , 198 (Year)
	5a. If married, widowed or divorced HUSBAND of (or) WIFE of Dorcals Day	22. Nov. 16 1931, to Nov. 23 1931
te.	6. DATE OF BIRTH (month, day, and year) Sept. (16, 1850	I last sew hour elive on nov. 22 ,1931; death is seld
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1043 m.
rti	81 2 7 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
of	8. Trade, profession, or particular kind of work done, as SPINNER tetried Farmer	Broncho-Pneumonia Por 19.3
	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
ou s	10. Date deceased last worked at this occupation (month end 1920 spont in this year) 11. Total time (years) spont in this 40 occupation 40	
instructions on back	12. BIRTHPLACE (city or town) Nr. Oronningsville	Other Contributory Causes of importance: Acute Coronclutes roy 15 3
stru	(State or country) md.	arterio - Allerosis rulesono
	13. NAME Rules King Day	to me
See	14. BIRTHPLACE (city or town) W. Browning wille (State or country)	Neme of operation Date of West here an au opsy? Its
ıt.	15. MAIDEN NAME ann Priseilla Brandeaburg.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
important.	15. MAIDEN NAME (Inn (Triseilla Orandenburg. 16. BIRTHPLACE (city or town) W. Browningsville.	Accident, suicide, or homicide? Date of injury
1DO	(State or country)	Where did injury occur?
is very in	17. INFORMANT Mrs Dorcas Day (Address) & D. Monrovia W. H.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
S V.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Octherda Ceny: Date Nov. 25, 1931	Nature of injury
TION	19. UNDERTAKER & 13. Beall, Inc.	24. Was disease or injury in any way related to occupation of deceased?.
	20, FILED Crow 24 1931 Della V Beall	If so, specify (Signed) Leage M. Dorwr M.D.
	Def. Registrar.	(Ardress) Damaseus, md.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURREAU	T Yr				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-20
County Mantgomery	Registration Dist. No. 213
Village or City Macharelle Mad Ro	St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mrsmosds.
not be	
2. FULL NAME Markan Sin	Ward.
(a) Residence: No. A order Ma Ma Mile (Usua Kilace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (vertice the word) Male 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vertice the word)	21. DATE OF DEATH (Month) (Day) (Yoar)
5a. If married, widowed, or divorced HUSBAND of Some Denies	22. I HEREBY CERTIFY, That I attended deceased from 22. 1931, to 2007-22, 1937.
6. DATE OF BIRTH (month, day, and year) Inhown	liast saw berry alive on 7200 24, 1931; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 10 30 Am.
about 75 - I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and lower spatial the year) spatial the year)	Serile artereselesses 1920. Right hemifleges 1925
12. BIRTHPLACE (city or town) Montg. Co- (State or country)	Other Contributory Causes of Importance:
13. NAME Inkelown	1.00
13. NAME 14. BIRTHPLACE (city or town) (Chale or country)	Name of operation 2000 Dete of
(Stata or country)	What test confirmed diagnosis? They was full state there an autopsy to
15. MAIDEN NAME Tankon were	23. If death was due to external causes VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city ar town)	Accident, suicide, or homicide? Data of Injury, 19
X (State or country)	Where did Injury occur? (Specky city or town, county and State)
17. INFORMANT Desare Sewell (daughter (Address) Rochwelle Mr. R. M. D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place Date 12, 1931	Natura of Injury
19. UNDERTAKER Saithers berg med	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 12 - 1, 1931 Mrs. W.J. Prace- Registrar.	(Signed) Man Confluence M. D. (Address) Rockevelle, Mid.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephralis N 5 1932	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. B.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

13252

STATE OF MARYLAND

PLACE OF DEATH County Martin	STATE OF MARYLAND CERTIFICATE OF DEATH
SA: 10 C	Registration Dist. No. 2/8
Village or Charters (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME issued of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH /
Maria (Month) (Day) (Year)	that I last saw have alive on // 28/, 195/,
7 AGE If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at 4,30 Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	artin Selenio
business, or establishment in which employed or (employer)	(Duration) yrsnosde.
9 BIRTHPLACE (State or country) Bull. Md	acula Indignation
10 NAME OF FATHER As listing Grailable	(Signed) M. D.
State or country) List available	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER A finate available	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) A Listony available	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Joseph Phelio	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jantherstong Mg	Baltimore My Lec 2, 1931
Filed Not. 281923 Machal Mare & Chino.	Yes 44 Smith Balts My
If more b.anks are needed, addre.s Ltate Kegistras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed g ged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-Spinner, (b) Cotton mill; (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Puysician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Foreman, (b) Automobile For many occupations a without more precise specification as Day For persons who have no occupation Salesman. factory. The material single word or term on Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Enhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, perionaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. use of "Tumor" for malignant neoplasms); Mcasles; as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PL

N. B.--

V. S. No. 1

D	Ò	PHYSI-
	CORD	 ACE should be stated EXACTLY, PHYSI- so that it may be properly classified. Exact
FOR BINDING	S IS A PERMA NT	chould be stated EXAC
FORB	S IS A P	d. AGE E

PLACE OF DEATH County Montgonery	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2//
Village or City Strmanton (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME Is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Willowson Willowson OR ON	16 DATE OF DEATH Nov 8, 1931 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year) 7 AGE [If LESS than	that I last saw here alive on Mr. 3 , 193/ and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) 3 yrs. mos de Contributory Secondary (Duration) yrs. mos 7 de
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed)
of MOTHER Ograh Chisher 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. The stateyrsmosds.
(Informant) Que Lister OF MY KNOWLEDGE	if not at place of dea.h?
(Address) January neef 15 Filed Nov 10 1921 WE Lewis Registrar	Brook From med 1/6, 1931. 20 UNDERTAKEN Barber Carthers for
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Filed Nov 10, 192 / NE Lewis	where was disease contracted, if not at place of deah?

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at heginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (re work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken laborer, Farm laborer, Laborer -- Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., the first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material Grocery;

Strtement of Cause of Death—Name, first, the Disease of Leath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaennia," "PUERPERAL peritonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepers carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinomu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the Example: Measles (disease affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREA

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	a) 10004
county Montgomery Co	Registration Dist. No. 2/3
Village or City Kuckerelle	Np. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Charles greenberg	e Inflith
(a) Residence: Np. / West Office (Usual place of abode)	2 St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH Now 5 18
Male White widowed	(Month) (Day) (Year)
(or) WIFE of Caroline / Frepstone	22. I HEREBY CERTIFY. That I attended deceased from 1928 to Nov 511 1931
6. DATE OF BIRTH (month, day, end year) July 6. 1849	I last saw ham alive on 7 5 4 1931 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & P. ZeAn.
82 4 29 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
	Mitaal Insufficiency 1428
8. Trade, profession, or particular kind of work done, as SPINNER, Jarmer SAWYER, BODKKEEPER, etc.	arters Schrobbis
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	chronic trostatitis 1930
this occupation (month and 1921 spant in this 50 yrs	Dther Coutributory Causes of Importance:
12. BIRTIIPLACE (city or town) Moute Co Med	their Contributory Causes of Importance:
(State or country)	and to Embolisher 20th
13. NAME Howard niffeln	1931
14. BIRTHPLACE (city or town) MA	Name of operation Data of Data of
(State or country)	What test confirmed diagnosis? Classical Was there an au'opsy?
15. MAIDEN NAME Dare Newton Chrawell	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
Ny ladeth	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Propriette Mid	Specify whather injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL P	Mannar of injury
Place Mouveacy limit pate Nor 7 1931	Nature of injury
19. UNDERTAKER Warner Vieraling	24. Was disease or injury in any way related to occupation of deceasad?.
Ma No TO	If so, specify (Signed) EW White M.D.
20. FILED 1/6 , 1931 Registrar.	(Signed) M. D. (Address) D. J. L. J. W. J. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ayo	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	infor-	state	UPA-	
	Jo ma	plnoy	000	
	y ite	S	Jo 1	/
	. B WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
	RECOI	PH	Exact	
	TI	LY.		
DITTOTT TO TOTAL TOTAL TOTAL	RMANE	XACT	classified	
1	PE	P P	rly	cate
101	IS A	state	prope	certifi
1	HIS	be	pe	Jo
	IK-T	plnods	t may	TION is very important. See instructions on back of certificate.
2	NG IN	AGE :	that i	ions or
177	ADD	ed.	S, S0	ruct
4777	UNF	pplie	term	inst
7.7	TH	ly st	lain	See
	WI	eful.	in p	ant.
	ILY,	e car	VTH	port
	AIN	d bi	DE	y im
	PI PI	nous	OF	Ver
	RITE	tion :	USE	on is
	T.	ma	C	TI
	(1)	

STATE OF	MARYLAND—CERTIFICATE OF DEAT	TH 1325.
----------	------------------------------	----------

1. PLACE OF DEATH	2
County Montgomery	Registration Dist. No. 223
Village or City Jahoma Park	Notestington Sanitarium St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mrs. David J. grossn	
(a) Residence: No. Event Street (Usual place of abode)	St., Ward. Kensington, Maryland. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White The property of the word)	21. DATE OF DEATH Covered for 9th 1981 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Grossnicke	22. I HEREBY CERTIFY, That I attended deceased from Oct 28"-,1931, to Nov. 9, 1931
6. DATE OF BIRTH (month, day, and year) December 29, 1896	I last saw h sie alive on 200. 9 - 1931; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:209, m. The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation methans. 11. Total time (years) spant in this occupation of the second stream.	acute Mys condition & days.
12. BIRTHPLACE (city or town) Union Bridge (State or country) Manyland	Other Contributary Causes of importance:
13. NAME Oliver grossichle 14. BIRTHPLACE (city or town)	Name of operation. Date of
(State or country) Maryland	What test confirmed diagnosis? Cheese Was there an au opsy? Zee
15. MAIDEN NAME Maiga Develbless 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Sanitarium Records (Address) Wash Saw Jahona Pla, D.C.	23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place D. C. Wholengine 11/19	Manner of injury
19. UNDERTAKER HOLL IS Table (Address) 928 M St www.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED NOV 9., 19.31 26. 6. Stogets. Registrar.	(Signed) Herry S. Drown. M. D. (Address) 1012 Carriel au Takenia Pork

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Rur over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritornis	3 days ago	
	B	27		
Other contributory causes of importance:	12	Other contabutory causes of importance:	E-LAND	
Gallstones	May 1,1923	Castro iteritis .	1 year	
	1	3 2 5 1		
		12 211		

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

1. PLACE OF DEATH) Jozofi
County Mortgomery Village or City Morthfelle (II Length of residence in city or town where death occurred wise fee mos	No
2. FULL NAME Mary Hall (a) Residence: No. Middle Hant - Roce (Usual place of abode)	Reselle, Reselle. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Hall 6. DATE OF BIRTH (month, day, and year Sun as 1872	1 HEREBY CERTIFY. That I attended deceased from 1,1931, to 15,1931 ; death is said
7. AGE Years Months Days If LESS than 1 day, 7 hrs. or min.	To have occurred on the dete stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month as 1977-193) year) year) occupation 40	larunoma of cervy about uteri, with generalogist normal mutastasis (1980.
12. Birthplace (city or town) Rochwille, Mid	Other Contributory Canses of importance:
13. NAME Frehmoure	2
14. BIRTHPLACE (city or town)(State or country)	Name of operation Date of
E 15. MAIDEN NAME Tenkenous	23. If death was due to external cause (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
17. INFORMANT Phillip Janes (Address) Robbielle, md.	(Specify or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Worles le, und Date Novo 17, 1931	Manner of Injury
19. UNDERTAKER CEO A. Surville.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 11 17 , 1931 Mrs. 26. T. Pealt Registrar.	(Signed) M. D. (Address) Frachville, M. D.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	OR 1	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	------	---------	------------	----	-----------

	(Month)	(Day)	(Year)
1 HEREB	10/10	FY, That I atte	, 19; death is said
to have occurred on the date state. The PRINCIPAL CAUSE OF DEA		uses of Importance	
were as follows:	roto	···	Date of onset
Other Contributory Causes of Imp	ortance:	1	
		Date	
What test confirmed diagnosis?			
23. If death was due to external ca-			
Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred i	(Specify city	or town, county and	l State)
Manner of injury			**************
Nature of Injury			
24. Was disease or injury in eny walf so, specify (Signed) (Address) (Az N. Charles Street, Baltimore, R.	nh	upation of deceased	?

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. b.				
Other contributory causes of importance:		Other contributory causes of importance:	EMETE	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor- state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH 13258		
	County Moulgamery	Registration Dist. No. 3/2		
item of should of OCC	Village or City Selfman (16	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
CORD. Every PHYSICIANS oct statement	2. FULL NAME Many E. Wamilto	in		
YS]	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
ECO] PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
E × K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)		
ARGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANENT ipplied. AGE should be stated EXACTL terms, so that it may be properly classified. Instructions on back of certificate.	5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of (or) WIF	22. I HEREBY CERTIFY. Thet I ettended deceased from Model 2' 1931, to Model 2' 1931; death is said to heve occurred on the dete stated above, et 5		
e tid	14. BIRTHPLACE (city or town) Que (State or country)	Neme of operation Data of		
IT'H Illy s plain	(Steto of Edulity)	Whet test confirmed diagnosis? Wes there en autopsy?		
FE PLAINLY, W t should be carefu E OF DEATH in is very important	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address)	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accidant, sulcide, or homicida?		
	18. BURIAL, CREMATION, OR REMOVAL Plece Date Date 198/	Menner of injury		
S. No. 1	19. UNDERTAKER W. J. Villa H. M. (Address) 20. FILED FOR. 25. 15 Al mrs. C. Fillow	24. Was disease or injury in any wey raleted to occupation of deceased? 200 If so, specify (Signod). 246000000000000000000000000000000000000		
N K	Elv Whe Registrar.	(Address)		

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the additional line is provided for the latter statement; it Spinner, (b) Colton mill; (a)_Salesman., (b) Geocery; (a) Forenan, (b) Automobile factory. The material Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day Joborer, Farm loborer, Laborer-Coul mine, etc. Womwho are engaged in the duties of the household only (not paid Housekeepers who receive a work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Housemaid, etc. If the occupation has been changed state occupation at beginning of illness. If retired from For persons who have no occupation tion applies to a col and every person, irrespective of the first line will be sufficient, e. g., Farner or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesnature of the business or industry, and therefore an should I've used only when needed. As examples: (a) worked on may form part of the second statement. definite salary, may be entered as Housevife, Houseto report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus; Farmer (re-Statement of Occupation-Precise statement of occupation is very important, so that the relative health-For many occupations a single word or term on fulness of various pursuits can be known. The queswhatever, write None. (a) Foreman, en at home, ifrs).

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"): Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Brong ynew is "Preumonia");

unqualified, is indefinite; Tuberculosis of lungs, men-inges, perilonusum, etc., Carcinomu, Sarcoma, etc., of "Inanition," "Marasmus," - "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as carbolic acid-probably suicide. The n. ture of the injury, (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valudar heord disease; Chronic interstitial ucphritis, etc. The contributory (secondar, or intercurrent) affection need not be 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary) "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Atrophy." "Collapse," "Coma," "Convulsions, Examples: Accidental drowning; Struck by railway train "PUERPERAL septicaemia," "PUERPERAL peritonitis, (Recommendations on statement of cause of approved by Committee on Nomenclature stated unless important. Example: Measles American Medical Association.) "Exhaustion,"

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Montgany	(43-C) CERTIFICATE OF DEATH
Derwood.	Registration Dist. No. 2/3
Village or City non Durwood (No	St.: Ward) (If death occurred is a hospitel or institution, give its NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE STINGLE, WARNIED, Widow WIDOWED. CR. DIVORCED (Write the word)	16 DATE OF DEATH 13 2000. , 1923 /
6 DATE OF BIRTH 27, 1864 (Month) (Day) (Year)	
7 AGE If LESS th. I day h	rs. The CAME OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry husiness, or establishment in	Probably did from hatural causes, but surefixious of
which employed or (employer) BIRTHPLACE (State or country) Warl Land	" Contributory "Pario Teles Parsaling. " Secondary " Chronic myscarditis Culf. ? "Natural causes" - Chronic myscarditis Culf. ?
10 NAME OF FATHER She Stranging	(Signed) Stanley Whather, MO
OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Caving Death, or, in Jaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Sarah Crowford 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL 20 UNDERTAKER ADDRESS
Filed//- /7- 19231 Mrs. W. J. Prall- Registrar	Roy Barber Fatherson
16 Leader are moded address State Regist	trar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

13260

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Solesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—coat mine, etc. woun-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus,
"Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxial asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example ,II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE F	OR FUR	THER ST	TATEMENTS	BY	PHYSICIA	LN
						+	
						- 1	

V. S. No. 1

0		
Levery item of information should be carefully supplied. ACE should be stated EXACTLY, Pl	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	Statement of OCCUPATION is very important. See instructions on back of certificate.
state	prope	of cer
be	be	NO
should	it may	a on had
ACE	that	tions
Hed.	ms \$0	natriic
ddns /	in teri	See
efully	n pla	tant
car	HE	noor
ld be	DE/	erv ir
shou	EOF	> 8
ation	CAUS	LION
informa	state	CCUPA
of	pir	0
item	shor	nent o
Every	CIANS	etaten
1	-	

PLACE OF DEATH	13262 STATE OF MARYLAND
County Montgomers	CERTIFICATE OF DEATH
	Registration Dist. No. 2/1
Village or Citymean Reusington (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Gda Jane John	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED. (Write the word)	16 DATE OF DEATH LOUGULLES 14, 1931 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
August 24 1874	100 4 1921 to 200 14 , 1931.
(Month) (Day) (Year)	that I iast saw h M alive on MOV, 19, 1934,
7 AGE [If LESS than	
57 yrs. 2 mos. 20 ds. or min.	
8 OCCUPATION	Althorita Light Williams
(a) Trade, profession or particular kind of work	V
(b) General nature of industry	?
business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) 7 yrs mos. ds.
FATHER DOMAS D NINTERS	(Signed) Katharine a. Chapman M. D.
of father	Mov. 14 1991 (Address) Kursugton
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary Ellen From	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) Wary land	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Ul Oliver Johnson	Former or usual residence
(Address) vegs Kensington Wil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 1/16 1923/ W. L. Lewis	20 UNDERTAKER ADDRESS
Registrar	W. Teubon Tuesphray & Nocharle
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. 97 90. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is neceswhatever, write None. tired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, additional line is provided for the latter statement; it cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (refirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation -Coal mine, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept—led term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaenia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; L. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state A PERMANENT RECORD. Every item of inforof OCCUPA. PHYSICIANS Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

STATE C		CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(173)	13	263
County Montgomery		Registration Dist. No. 213	
Village or City Russe	Ille	No. Harli St.,	Ward
Length of residence in city or town where		death occurred in a horpital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?mos	
21	death occorred		
2. FULL NAME Temp	Rocsinite.	Ct. Wood	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED L'arrite the word)	21. DATE OF DEATH WW 22" (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended do	eceased from
110014 1670		10 Jeen	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10:45 Pm.	; death is said
almx xx	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	upe litter	Harmorliage and shore	11/22
9. Industry or business in which work was done, as SILK MILL,	10.1	1 A V	1 3
SAW MILL, BANK, etc	11, Total time (years)	Kinghot would of ward	
this occupation (month and yoar)	spent in this occupation	and ling.	
12. BIRTHPLACE (city or town)	Carolina	Other Contributory Causes obimportance:	
(State or country)	4		
II 13. NAME TOUTS TO	rdan		
13. NAME 14. BIRTHPLACE (city or town)	 .0	Name of operation Date of	
(State of country)	1.0	What test confirmed diagnosis? Was there an au	stopsy?4co
15. MAIDEN NAME	4 Milly For	23. If death was due to external collises (VIOLENCE) fill in also the following:	- 4
16. BIRTHPLACE (city or town)	9.0	Accident, suicide, or homicide? Mathaux Pate of injury !! 12	19.2.1.
(State or country)		Where did injury occur? No Cacara (Specify city or town, county and State	
17. INFORMANT ROCK SILLS		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	Ut.
18. BURIAL, CREMATION, OR REMOVAL	acoust, oua	Manner of Injury Kunshot	
Place Rockwill 1	W Date 11 25 ,1931	Nature of injury Gunalist Would of west	lung.
19. UNDERTAKER Names S	Buch live.	24. Was disease or injury In any way related to occupation of deceased?	1 0
(Address)	فالم الم	If so, specify	
20. FILED 1 19 25 1931 m	10. W.T. Deel-	(Signed)	M. D.
	Registrar.	(Address) Rockwill + Wil	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state Exact statement of OCCUPA. stated EXACTLY. PHYSICIANS properly classified. FOR BINDING certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

V. S. No. 1 8 ż

County Wald Length of residence in city or fown where death occurred Length of residence in County Wald Length of residence in County Wald Length of residence in County Wald Length of residence in County Ward Length of residence in County Ward Ward Length of residence in County Ward Length of residence in County Ward Ward Ward Ward Length of residence in County Ward Length of residence in County Ward War	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	(8)
Village or City	County Monty	Registration Dist. No. 2/2
Length of residence in city or town where death occurred. yrsmossds. How long in U.S. If of fereign birth?yrsmossds		NoSt., Ward
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (cenic the word) 22. LHER EBY CERTIFY, That I altended deceased from 195 (Month) OBY 109. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 1 day,		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (cenic the word) 22. LHER EBY CERTIFY, That I altended deceased from 195 (Month) OBY 109. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than 1 day,	2. FULL NAME Harriott May	Luka
Clustifier of shoots If noncreident give city or town and State		St. Ward
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. Il married, widowed, or divorced HOSANA'S of (G) VIES OF	(Usual place of abode)	If nonresident give city or town and State
Sa. If marie, victowed, or divorced HUSBAN with the first of the word of the state of the word of the word of the state of the word of the word of the state of the word of th		
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,		Por 16 198/
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWER, BONKEPER, etc. 10. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc. 10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Industry or business in which work was done, as SILK mill. SAW MILL, BANK, etc. 11. Total time (years) spint in this occupation (month end year) occupation Other Contributory Causes of importance: Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME Author 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CSEMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) Manner of injury (Signed) M. D.	HUSBAND of	22 I HERERY CERTIEV That I stlandad deceased from
TAGE Years Months Days If LESS than 1 day,hrs. orhrs. orhrs. orhrs. orhrs. orhrs. orhrs. orhrs. orhrs. orhrs. or	(or) WIFE of	Now 16 1 1031 to Nov 16 1931
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trade, profession, or perticular in the profession of perticular in the pertic	6. DATE OF BIRTH (month, day, end year) Nov 16-1931	I last saw her allye on a now 161931; death is said
8. Trade, profession, or perticular shind of work done, as SPHINER, SANYER, BOURKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SANK, etc. 10. Oato deceased last worked at spant in this occupation (month end year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME Automorphism occupation 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME Automorphism occupation 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Automorphism occupation 18. BURIAL, CREMATION, OR REMOVAL Place. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. (Address) 19. UNDERTAKER Automorphism of the profit		
SAVYER, BOKKEPER, etc. Sudvers and the second of the se	O O Ormin.	word as follows: A
12. BIRTHPLACE (city or town) (State or country) 13. NAME April 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME April 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Other Contributory Causes of importance: Other Contributory Causes of importan	8. Trade, profession, or perticular kind of work done, as SPINNER,	The vira
12. BIRTHPLACE (city or town) (State or country) 13. NAME April 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME April 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Other Contributory Causes of importance: Other Contributory Causes of importan	Industry or business in which	July Jane
12. BIRTHPLACE (city or town) (State or country) 13. NAME April 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME April 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Other Contributory Causes of importance: Other Contributory Causes of importan	SAW MILL, BANK, etc	
Other Contributory Causes of importance: Other Causes of inportance: Other Causes of inportance: Other Causes of inportance: Ot	- 1 spantin this	
(State or country) 13. NAME	Parling	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an au opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED What test confirmed diagnosis? Was there an au opsy? What test confirmed diagnosis? Was there an au opsy? Accident, suicide, or homicide? Date of Injury 19. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Wes diseese or Injury in eny wey related to occupation of deceased? If so, specify (Signed) M. D.		
What test confirmed diagnosis? Was there an au opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED What test confirmed diagnosis? Was there an au opsy? What test confirmed diagnosis? Was there an au opsy? Accident, suicide, or homicide? Date of Injury 19. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Wes diseese or Injury in eny wey related to occupation of deceased? If so, specify (Signed) M. D.	# 13. NAME gester Luhy	
What test confirmed diagnosis? Was there an au opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED What test confirmed diagnosis? Was there an au opsy? What test confirmed diagnosis? Was there an au opsy? Accident, suicide, or homicide? Date of Injury 19. Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Wes diseese or Injury in eny wey related to occupation of deceased? If so, specify (Signed) M. D.	14. BIRTHPLACE (city or town) Md	Name of operation Date of
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Place 19. UNDERTAKER (Address) 20. FILED Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. In so, specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. In so, specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Manner of injury 24. Wes disease or Injury in eny wey related to occupation of deceased? If so, specify (Signed) M. D.	(State of Country)	What test confirmed diagnosis? Was there an au opsy?
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Place 19. UNDERTAKER (Address) 20. FILED Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. In so, specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. In so, specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Manner of injury 24. Wes disease or Injury in eny wey related to occupation of deceased? If so, specify (Signed) M. D.	15. MAIDEN NAME anne geathers	23. If death was due to externel causes (VIOLENCE) fill in also the following:
17. INFORMANT (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place Hyaltatowapate Nov 17, 19.31 19. UNDERTAKER (Address) 20. FILED Nov 17, 19.31 Where du fighty occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify city or town, county and State) Specify city or town, county and State) Specify city or town, county and State) Manner of injury Nature of injury 24. Wes disease or Injury in eny wey related to occupation of deceased? If so, specify (Signed) Manner of injury (Signed) Manner of injury (Signed)	16. BIRTHPLACE (city or town)	
18. BURIAL, CREMATION, OR REMOVAL Place Type Through The Town 17, 19,31 19. UNDERTAKER (Address) 20. FILED Nov 17,19,31 Wanner of injury Nature of injury 24. Wes disease or Injury in eny wey related to occupation of deceased? If so, specify (Signed) Manner of injury (Signed) M. D.	m. 1 + 01	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Type Through Town 17, 19,31 19. UNDERTAKER (Address) 20. FILED Nov 17,19,31 (Signed) Manner of injury Nature of injury 24. Wes disease or Injury in eny wey related to occupation of deceased? (Signed) Manner of injury (Signed) Manner of injury Nature of injury (Signed) Manner of injury Nature of injury (Signed) Manner of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury (Signed) Manner of injury Nature		Specify whether injury occurred in INDUSTRY, in HUME, or in PUBLIC PLACE.
19. UNDERTAKER Seter Surfry (Address) 24. Wes disease or Injury in eny wey related to occupation of deceased? If so, specify (Signed) M. D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20. FILED Nov 17, 19 31 EW While (Signed) EW White M. D.	Place Hyafthowpate 10011, 1931	Nature of injury
20. FILED Nov 17, 19 31 EW While (Signed) EW White M. D.	19. UNDERTAKER Fister Supry	24. Wes diseese or Injury in eny wey related to occupation of deceased?
20. FILED	(Address)	If so, specify
		D. T. VO 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURRAU V. W.			
Other contributory causes of importance:	Tarrel 191	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	12265 STATE OF MARYLAND
County Montgonery 95	CERTIFICATE OF DEATH
East On De	Registration Dist. No. 223
Village or City Silver Norg	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Warthan &	Manque tlon, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 100, 22, 1931
6/DATE OF BIRTH	(Month) (Day) (Year)
Sept 23, 1852	108/012/ 1981 . J. J. 22 . 1981.
(Month) (Day) (Year)	that I last saw he alive on 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at 8 9 mm,
79 yrs. / mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Ho	
particular kind of work	astos-rockerasio
(b) General nature of industry	4,
business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Durstieg) A yrs mos de.
10 NAME OF	(Signed) aldeld Tarsons, M.D.
FATHER GEORGE A GOODLEY	Nov 2/2198 1 (Address / akoma Tark DC
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
E 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Clindy aslow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLAGE OF MOTHER	At place of death yrs mos ds. State yrs mes ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
4 THE ABOVE IS TRUE TO THE BEST OF MT KNOWLEDGE	Former or
(Informant) & Mangum	usual residence
(Address Selver Springs Md.	Mashington & C Date of Burial
Filed Mos 22198 1 Ko 8. Rogles.	20 UNDERTAKER ADDRESS D. B. Wash D. B.
If more branks are needed, addre, a State Registrar.	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Munager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womthat fact may be indicated thus; Farmer (rewithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the single word or term on (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(clanux) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (c.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicucnea," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was can be ascertained as the cause. Whooping cough; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse." "Coma," "Convulsions, peritonueum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature Always qualify all etc.), "Dropsy,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

8. No. 1

PLACE OF DEATH County Management	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3
2FULL NAME Holary	St.: Ward) A hospitel or institution, give Ita NAM steed of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 1000 (Day) 1000 (Day)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h smaller on Matter 1991, 1991
7 AGE If LESS than I day hrs. B OCCUPATION (a) Trade, profession or particular kind of work Sufaction	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) P BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Holary Magneder 11 BIRTHPLACE OF FATHER (State or country) Morely Co., My. 12 MAIDEN NAME	(Signed)
OF MOTHER Jolle Mood 13 BIRTHPLACE OF MOTHER (State or Country) M. C.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tollents or Recent Residents) At place of death yrs mos ds. State yrs mos where was disease contracted,
(Informant) Jotte M. Marules (Address) Rochwill Marules	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed 11 1 1901. Mrs. W. 1. bratt	Jes. R. Snowden Roses

MARYLAND E OF DEATH Dist. No. (If death occurred in a hospitel or institu-tion, give its NAME in-steed of street and number-) OF DEATH h, or, In deaths from Injury and (2) Whether pitals, Institutions, Trens-

If more bianks are needed, addresa State Registrar, 16 W. Seretoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (0) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a nature of the husiness or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the loborer, worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealetc.; without more precise specification as Doy For many occupations a single word or term on or yrs). Farm loborer, At Home, Compositor, For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed and children, not gainfully em-Loborer-Coal minc, etc. Wom-Architect, person, irrespective of Locomolive engineer

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, (secondary American Medical Association.) Examples: Accidental drowning; Struck by railwoy train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; or intercurrent) Committee on "Heart failure," "Haemorrhage, Chronic affection need etc. The contributory valvular heart Nomenclature not diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING PERMA V FOR IS ITH UNFADING INK--THIS MARGIN RESERVED PL WRITE

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County MD SAMMENT	CERTIFICATE OF DEATH
Village or City Silver Shanona	Registration Dist. No.
2FULL NAME MANAGE	Staff - Ward) a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH ONLY 31, 1929 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 f. to 192 f., that I last sew h Malive on 197 f., 193 f.,
7 AGE 2 yrs. 3 mos. / ds. or min.?	
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Durstion) yrs mos R ds.
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory ADMAILLETTS Secondary (Durstion) yrs. mos de.
TATHER SETTIFICACE OF FATHER (State or country) THE SETTIFICACE OF FATHER (State or country) THE SETTIFICACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MANUAL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
(Informant) 89 HAMA BY	Where was disease contracted, if not at place of death? Former or usual residence. 19 PHACE OF BURIAL OR DEMOVAL DATE OF BURIAL
(Address) S. J. Washing Filed Mrs 12 1924 S. Washing Registrar	20 UNDERTAKER ADDRESS ADDRESS ASh
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus; Farmer (rec state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH whatever, write Nonc. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The ques-Civil engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neces-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material single word or term on 6 .,""Deal-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dipluheria (avoid use of "Croup"); Inpluid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic on Nomenclature of the The nature of the injury, etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Brery item of inforof OCCUPA. Exact statement properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. N. B.-WRINE PLAINLY,

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Moulgamery	Registration Dist. No. 214
Village or City B Eltherda Marylan	
Length of residence in city or town where deeth occurred 6 Kyrs 9 mos	death occurred in a hospital or institution, give its NAME instead of street and number) 9 ds. How long in U.S. If of foreign birth?
	Of Alist
2. FULL NAME / Cograda Wil	elson of foot
(a) Residence: No. 12 Elleward Mary (Cusual place of abode)	MeSt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male While OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Place II) in Sin Offer	22. 1 HEREBY CERTIFY, Thet I ettended deceased from
1 2- 19/1	70 100 10 2 3/
6. DATE OF BIRTH (month, day, and yeer)	I last sew h elive on 2 , 1937; death is satd
7. AGE Yeers Months Deys tf LESS than 1 dey,hrs.	to have occurred on the dete stated above, at
	were as follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	I - Ca lie Massular
9. Industry or business to which	A caracter, as career
work was done, es SILK MILL, SAW MILL, BANK, etc	man with
11. Total time (yeers) this occupation (month end spant in this	
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Deltesola	4
(State or country) Montgomery Co- Maryland	<i>f</i>
13. NAME Auliday 12. Offult	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	Whet test confirmed diegnosis?
15. MAIDEN NAME COMPART PISTURE 16. BIRTHPLACE (city er town)	23. If deeth wes due to externel ceuses (VIOLENCE) filt in elso the following:
0 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country) Phonloomery Co.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. D. J.	Specify whether injury occurred in INDUSTRY, In HOME, or to PUBLIC PLACE.
(Address) Section doc - Mc	
Place Oak Hill Cem. S. Dete Nov 5 1931	Menner of injury
10 P. 1 T.	Nature of injury.
19. UNDERTAKER UM, Stutie Jumpmey (Address) Rockwille mainland	24. Wes disease or injury in eny wey related to occupation of decessed?
1/3 2/0 B	(Signed) Seur. (Signed) M. D
20. FILED 11-3, 1921 Do Jaley Registrat.	(Address) A exhandle Me L
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(157-0)
County Monly	Registration Dist. No. 2/2
	No. St, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
0 7 7. 0	NZ 2
2. FULL NAME Dorolly May W	1800
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (wind the word)	21. DATE OF DEATH NOV. (Month) 8 (Day) 1931 (Year)
5a. If married, wildowed, or divorced HUSBAND of	11(77,
(or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from Nov. 8, 1931 19 to Nov. 8, 1931 19
6. DATE OF BIRTH (month, day, and year) Mor. 6 1931	last saw her alive on Nov. 8, 1931 death is said
7. AGE. Yaars Months Days If LESS than 1 day, hrs	to have occurred on the date stated above, at 7.30 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Congenital Heart disease
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
yoar) Qecupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / Supply (State or country)	
T	Name of operation Data of
(State or country)	What tast confirmed diagnosis? Was thera an autopsy?
# 15. MAIDEN NAME Cla Brown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ale Prown 16. BIRTHPLACE (city or town). Burns ville (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (Stata or country)	Where did Injury occur?
17. INFORMANT Cla Brown (Address) Burns relle III	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Propries Date Propries 9, 198	Manner of injury
19. UNDERTAKER M. J. Hallon & Sons	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Str. 9, 1931 Mrs. C.C. Itillon	(Signed) A Joregh
Elw Jak & Registrar.	(Address) Barnosvillo Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13270
County Mont	Registration Dist. No. 21/
Village Dr City Only -	No mont Co. Sec Stagt St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
0.0 0	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John brocker	9
(a) Residence: No. 18 no 10 celle / Co	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Now 29 th, 193 (Gaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from nov 21 1921, to 2004 2 92 1931
6. DATE OF BIRTH (month, day, and year) may 30, 29	Hast saw h.M. alive on nov 2/- 193/: death is said
7. AGE Years Months Days If LESS than	to have occurred on tha date stated above, at . 4 P m.
2 2 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Convulsive seignres pet/-3
kind of work done, as SPINNER, NONE SAWYER, BDDKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Convulsive seizures 20021.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Brackeville (Stata or country)	Dihar Contributory Causes of Importance:
I	Name of operation none Data of
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What tast confirmed diagnosis? Was there an autopsy? 244
15. MAIDEN NAME Mary Swanles	23. If death was dua to extarnal causas (VIDL ENCE) fill In also the following:
15. MAIDEN NAME Mary Stongles 16. BIRTHPLACE (city or town) Brackbagelle	Accidant, suicide, or homicide? 20 Date of Injury 20 19
E (State or country)	Whare did injury occur?
17. INFORMANT Melvin woctor (Address) Brasquille mit 1722	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sandy fromg Date NCC/, 1934	Nature of injury
19. UNDERTAKER Roy Barker (Address) Gautonsoille 2011	24. Was disaase or injury in any way related to occupation of deceased?
20. FILED Now 301, 1981 C. S. Barnsley. Registrar.	(Signad) CC Jumbleson M. D. (Address) Sandy Spring my
If more blanks are needed, address State Registrar.	24XX N. Charles Street, Baltimore, Requesting V. S. No. r.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	DEC 4 1011	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:	Transport State Con-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

HEREBY CERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Oata of onset Was there an autopsy? 23. If death was due to external causas (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE, If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting TV. S. No. 1.

193

(Year)

V. S. Mo. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	لد		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IS WITH UNFADING INK-THIS be MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may B.-WRITE PLAINLY,

V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH (131)	13272
County Monlgomery	Registration Dist No. 216
Village or City Betherland	No. #10 - Jeugelowy Wol St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME FROME Charles She	av
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male While OR DIVORCED (write the word)	November 23, 193/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from 1981, to 200. 23, 1931
6. DATE OF BIRTH (month, day, and year) Sept 26 - 1870	I last saw have alive on 2200, 22 , 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _11.45_Am.
6/ / 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance
Trada profassion or particular	Carelin maculon Date of onset
SAWYER, BDOKKEEPER, etc.	unal olizane : coro -
9. Industry or business in which work was dona, as SILK MILL, M.S. Soarmuitt	many reluciones. 1929
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total tima (years) spent in this occupation	
Om chi li saal	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Dela france 1931
13. NAME Bloccher Shear.	
13. NAME SUCCHE SHAN, 14. BIRTHPLACE (city or town) Mchigan, adrian	Name ef operation Date of
(State of country)	What test confirmed diagnosis? Busself-Liwes there an eutopsy? 210
15. MAIDEN NAME and uncette Anoth. 16. BIRTHPLACE (city ar town) Muhryam (State or country)	23. If death was due to external causes (VIDLENCE) fill In elso the following:
16. BIRTHPLACE (city ar town) Mushy Man	Accidant, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LLWME D: Delle Church Church	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUDIAL CREMATION, DEPREMOVAL TO MAKE THE MENT OF THE MAKE	Mannar of injury
Place Cashing Date Nov. 25, 1931	Nature of injury
19. UNDERTAKER UM, Paulory Pumpolicy	24. Was disease or injury in any way related to occupation of decaased?
(Address) (Yorkwelly - Many land	If so, spacify
20, FILED LOX Z 7, 19 31 Den C. Herry	(Signed) M. D. (Addrass) 3 4 2 1 - Lug ou a Ll, 4 10
If more blanks over needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1/ DEC			. 4 3
	3		1 1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

infor-

Length of residence in city or town where death occurred 2 7.715. mg 2. FULL NAME A How long in U. S. If of foreign birth? mess	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village Dr City Takernalo. Park Md. (It death occurred in a hospital or institution, give in NAME intest and number) Length of residence in city or town where death occurred a 7. yrs	1. PLACE OF DEATH	10612
Length of residence in city or town where death occurred 2 7 yrs. mg. 2. FULL NAME A COLOR OR RACE SINGLE MARKED, WIDOWED, OR DIVERSE OR DIVORCED Curric the word) SI II married widowed, or divorced work was done as SIK MILL SAW THE MILL SAW THE SAM MILL SAWYER, BOOKKEEFER, etc. SINGLE MARKED, WIDOWED, OR DIVORCED Curric the word or min. Trade, profession, or perticular is a secured on the date stated above, at 9 years was done as SIK MILL SAWYER, BOOKKEEFER, etc. SINGLE MARKED, WIDOWED, OR DIVORCED Curric the word or min. The profession or perticular is a secured on the date stated above, at 9 years was done as SIK MILL SAWYER, BOOKKEEFER, etc. SINGLE MARKED, WIDOWED, OR DIVORCED Curric the word or min. The profession or perticular is a secured on the date stated above, at 9 years was done as SIK MILL SAWYER, BOOKKEEFER, etc. SINGLE MARKED, WIDOWED, OR DIVORCED Curric the word or min. The profession or perticular is a secured on the date stated above, at 9 years was done as SIK MILL SAWYER, BOOKKEEFER, etc. SINGLE MARKED, WIDOWED, OR DIVORCED Curric the word or min. The profession or perticular is a secured on the date stated above, at 9 years was done as SIK MILL SAWYER, BOOKKEEFER, etc. SINGLE MARKED, WIDOWED, OR DIVORCED Curric the word or min. The profession or perticular is a secured of importance. The profession or perticular is a secured of importance. The profession or perticular is a secured or importance. The profession or perticular is a secured or importance. The profession or perticular is a secured or importance. The profession or perticular is a secured or importance. The profession or perticular is a secured or importance. The profession or perticular is a secured or importance. The profession or perticular is a secured or importance. The profession or perticular is a secured or importance. The profession or perticular is a secured or importance. The profession or perticular is a secured or importance. The profession or perticular is a secured or importance. T	County Mont gowery County	Registration Dist. No. 223
Length of residence in city or town where death occurred. 2 J. rs. mpg. ds. How long in U. S. if of foreign birth? yrs. mps. ds. How long in U. S. if of foreign birth? yrs. mps. ds. How long in U. S. if of foreign birth? yrs. mps. ds. How long in U. S. if of foreign birth? yrs. mps. ds. How long in U. S. if of foreign birth? yrs. mps. ds. How long in U. S. if of foreign birth? yrs. mps. ds. ds. ds. ds. ds. ds. ds. ds. ds. d		No. 6 0 6 Carroll avery War
(a) Residence: No. 10.6 Canadala Alexandra (Usualplace of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARKIED, WIDOWED, OR BIVORCEO (write the word) 6. DATE OF BERTH (month, day, and year) 7. AGE 8. DATE OF BIRTH (month, day, and year) 8. Days 11 LESS than 1 day,		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINCLE MARKED, WIDOWED. OR DIVORCED (variet the word) 5a. If married, widowed, or divorced HUSBAND HUSBAND AGE The PRINCIPAL CAUSE OF DEATH That I stended diseased for to have occurred on the date stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of importance or what was done as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done, as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done as STINKER, SAWYER, BOOKKEPER, etc. S. Indiatry or business in which work was done as STINKER, CISTATOR OF BEATH AND TO STINKER. S. Indiatry or business in mich with the properties of importance. The PRINCIPAL CAUSE OF DEATH and related causes of importance. S. Indiatry or business in mich with the properties of importance. The PRINCIPAL CAUSE OF DEATH and related causes of indiatry in any way related to occupation of deceased? I. S. BIRTHPLACE (city or town). S. Indiatry or	2. FULL NAME Mr Hale Julian &	bicer
3. SEX MAC MAC White S. SINGLE MARKED, WIDOWED, OR DIVORCED (which word) SI I married, widowed, or divorced (or) WIFE of DATE OF DEATH (Month) (Day) (Month) (Day) (Wear) Corporation AGE Years Months Days If LESS than 1 day,hrs. For. min. S. Frede, profession, or perticular Kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SAWYER, BOO		
Male White OR DIVORCED (write the word) 5. If married, wideved, or divorced HUSBAN (Month) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trede, profession, or perlicular kind of work done, as SPINNER, SAVER, BOOKEEPER, etc. 9. Industry or business in which was done, as SIK MILL. 9. SAVER, BOOKEEPER, etc. 9. Industry or business in which was done, as SIK MILL. 9. SAVER, BOOKEEPER, etc. 9. Industry or business in which was done, as SIK MILL. 9. SAVER, BOOKEEPER, etc. 9. Industry or business in which work as done, as SIK MILL. 9. Industry or business in which was done, as SIK MILL. 9. Industry or business in which work as done, as SIK MILL. 9. Industry or business in which work as done, as SIK MILL. 9. Industry or business in which work as done, as SIK MILL. 9. Industry or business in which work as done, as SIK MILL. 9. Industry or business in which work as done, as SIK MILL. 9. Industry or business in which was done, as SIK MILL. 9. Industry or business in which was done, as SIK MILL. 9. Industry or business in which was done as SIK MILL. 9. Industry or business in which was done as SIK MILL. 9. Industry or business in which was done or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Medal. 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 19. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Signed) 19. Was disease or injury in any way related to occupation of deceased? 19. So specify 19.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sa. If married, widowed, or divorced HUSBAND of (or) WiFE	OR DIVORCED (write the word)	Plov 5 ,198 /
6. DATE OF BIRTH (month, day, and year) HD Mil 7-/853 7. AGE Years Months Days If LESS than 1 day, hrs. br. br. br. br. br. br. br. br. br. br	5a. If married, widowed, or divorced	(Month) (Day) (Year)
T. AGE Years Months Days If LESS than 1 day, hrs. brs. br. min. The PRINCIPAL CAUSE OF DEATH and related causes of importance with 3 driver by since in which work done, as SPINKR, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work done, as SPINKR, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation (month and cold 1931) Saw MILL, BARK, etc. 11. Totel time (years) spant in this 5 byear) 12. BIRTHPLACE (city or town). Jane S. Wille (State or country) Wis consin 14. BIRTHPLACE (city or town). State or country) The PRINCIPAL CAUSE OF DEATH and related causes of importance with 3 drivers by a driver by a		
7 AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or perticular sind of work done, as SPINNR, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work done, as SILK MILL, Yaue 10. Date deceased last worked at this occupation (month and cold 1931) 12. BIRTHPLACE (city or town). Janes. Wille 13. NAME Handrace Coals Spicer 14. BIRTHPLACE (city or town). Wis consin (State or country) Wisconsin 15. MAIDEN NAME Sasan Manette Coan 17. INFORMANT Misc. 18. BURIAL, CREMATION, OR REMOVAL Place Mask. Memorial Masks bate. Mark. Spicer 19. UNDERTAKER (Address) Name 19. UNDERTAKER AB Manager 19. UNDERTAKER AB Manager 19. UNDERTAKER AB Manager 10. Signed Manager 10. Spicery 11. Inso, specify Misc, Signed Manager 24. Was disease or injury in any way related to occupation of deceased? Misc, Spicery Misc, Spicery Misc, Spicery Manager 19. UNDERTAKER AB Manag	6. DATE OF RIRTH (month day and year) Abril 7-1853	I bost saw h A alive on PCV 23 193/ death is sa
B. Trade, profession, or perticular sind of work done, as SPINNER, SANVERE, BOCKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SANVEREPER, etc. 10. Date deceased last worked at worked at the work was done, as SIK MILL, SANWEREPER, etc. 11. Total time (years) spant in this occupation (month and sept 1931 occupation 25.475) 12. BIRTHPLACE (city or town) anes wille (State or country) Wisconsin (State or country) Wisconsin Spant in this 25.475 13. NAME Honorose Coals Spicer 14. BIRTHPLACE (city or town) Anes Wisconsin Spicer 15. MAIDEN NAME Susan Manette Coan (State or country) Todapen dense Ca. New York (Address) Go Carroll Que Ta Remark Males (State or country) 17. INFORMANT Miss Etta Spicer 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER A Drugger And Spicer 19. UNDERTAKER A Drugger A Spicer 19. UNDERTAKER A Drugger And Spicer 20. FILED A Drugger A Spicer 21. Spicer And Spicer And Spicer 22. Was disease or injury in any way related to occupation of deceased? 11. Total time (years) A Drugger And Spicer 22. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER A Drugger And Spicer 22. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER A Drugger A Drugg		0 4-3
8. Trede, profession, or perticular kind of work done as SPINER. 9. Industry or business in which was done as SPINER. 9. Industry or business in which was done as SPINER. 9. Industry or business in which was done as SPINER. 10. Date deceased last worked at this occupation (month and pat 1931) 11. Total time (years) spant in this 25.475. 12. BIRTHPLACE (city or town). 13. NAME Ambrose Coats Spicer 14. BIRTHPLACE (city or town). (State or country) Wis consince where Cane Yew York at the confirmed diagnosis? 15. MAIDEN NAME Susan Manette Coan 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT Miss Etta Spiss. (Address) Gob Carroll Ave Takena TK Male Place Meak Memorial Place Memorial Plac		THE PRINCIPAL CAUSE OF DEATH and related causes of importance
Solution of the state of the st	8. Trede, profession, or perticular	In one phrasis due to hypertished
11. Total time (years) 12. BIRTHPLACE (city or town) anes wille (State or country) Wisconsin 13. NAME Ambrose Coals Spicer 14. BIRTHPLACE (city or town) (State or country) The bendence Co. New York 15. MAIDEN NAME Susan Manette Coon (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Gob Carrell Que- a koma PK, Ma 18. BURIAL, CREMATION, OR REMOVAL Place West Memorial Tables Accident, suicide, or homicide? (Address) Mash (Address) Mash (Signed) 11. Total time (years) Spantin this spant in this occupation (15. 475) Spantin this occupation (15. 475) Other, Contributory Capses of importance: (Address) Spantin this occupation (15. 475) Other, Contributory Capses of importance: (Address) Spantin this occupation (15. 475) Other, Contributory Capses of importance: (Address) Spantin this occupation (15. 475) Other, Contributory Capses of importance: (Address) Spantin this occupation (15. 475) Name of operation. What test confirmed diagnosis? Whet test confirmed diagnosis? Whet test confirmed diagnosis? Whet test confirmed diagnosis? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury in any way related to occupation of deceased? If so, specify (Signed) Mash Manner of injury in any way related to occupation of deceased? If so, specify (Signed) Mash Manner of injury in any way related to occupation of deceased? If so, specify (Signed) Mash Manner of injury in any way related to occupation of deceased? If so, specify (Signed) Mash Manner of injury in any way related to occupation of deceased? If so, specify (Signed) Mash Manner of injury in any way related to occupation of deceased? If so, specify	9. Industry or business in which	prostate with Obstruction 5 m
12. BIRTHPLACE (city or town) Janes Ville (State or country) Wisconsin 13. NAME Ambrose Coals Spicer 14. BIRTHPLACE (city or town) (State or country) Independence Co. Tew York 15. MAIDEN NAME Susan Manette Coan 16. BIRTHPLACE (city or town) (State or country) Men York. 17. INFORMANT (State or country) Men York. 18. BURIAL, CREMATION, OR REMOVAL Place Wash Meneral Australia 18. BURIAL, CREMATION, OR REMOVAL (Address) Maneral Australia 19. UNDERTAKER (Address) Maneral Australia 19. UNDERTAKER (Address) Maneral Australia 20. FILED Mov 5, 1931 21. Specify city or town, country and State) 19. UNDERTAKER (Address) Maneral Australia 22. Signed Maneral Australia 37. Y Where did injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Manaral Manner of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Manner of injury 25. Signed Manner of injury 26. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Manner of injury 26. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Manner of injury 26. Was disease or injury in any way related to occupation of deceased? If so, specify	10. Date deceased last worked at this occupation (month and)	& Gellettan
(State or country) Wisconsin 13. NAME Ambrose Coats Spicer 14. BIRTHPLACE (city or town) (State or country) Independence Co. Tenl York 15. MAIDEN NAME Sasan Manette Coon 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Miss Etta Spicer (Address) 606 Carroll Que-Takema TK Ma 18. BURIAL, CREMATION, OR REMOVAL Place Mesh Meneral Pakema TK Ma 19. UNDERTAKER A B Magnetic Mesh Spicer (Address) Mash Soc. 19. C. Rogelly 24. Was disease or injury in any way related to occupation of deceased? 16. Signed Mesh Meneral Mesh Manner of deceased? 17. INFORMANT Miss Etta Spicer (Address) Mash Soc. (Address) Ma		
13. NAME Ambrose Coals Spicer 14. BIRTHPLACE (city or town) (State or country) Independence Co. New York 15. MAIDEN NAME Susan Manette Coan 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Miss Etta Spicer (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Mash Memorial Tabbate More to 193. 19. UNDERTAKER As August Manette Coan 20. FILED More 5 19.3 1 20.6 Register (Signed) 10. Signed Manette Coan 10. Whet test confirmed diagnosis? Manet of injury Metas due to external causes (VIOL ENCE) fill in also the following: 20. FILED More 5 19.3 1 20.6 Register (Signed) 30. Filed Manette Coan Name of operation. Whet test confirmed diagnosis? Manet of injury accurred in injury occurred in injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in any way related to occupation of deceased? 16. So, specify (Signed) 18. Was disease or injury in any way related to occupation of deceased? 18. So, specify (Signed) 19. Whether of injury in any way related to occupation of deceased? 19. So, specify (Signed) 19. Whether of injury in any way related to occupation of deceased? 19. So, specify (Signed) 19. Was disease or injury in any way related to occupation of deceased? 19. So, specify (Signed)		Jan Greensolims & ?
What test confirmed diagnosis? Whet test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Whet test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. It so, specify Whet test confirmed diagnosis? Whet test confirmed diagnosis? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. It so, specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether Injury occurred in INDUSTRY, in H		Jahannia 514
Whet test confirmed diagnosis? 15. MAIDEN NAME Susan Manette Coan 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER 19. UN	14. BIRTHPLACE (city or town)	Name of operation.
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) (Addre	(State or country) Independence Co. New York	
Where did injury occur? 17. INFORMANT MISS Etta Skiser (Address) 606 Carrell Que-la Roma PK Ma 18. BURIAL, CREMATION, OR REMOVAL Place Mash Memorial Public Place (Address) Mash Bate Mark 24. Was disease or injury in any way related to occupation of deceased? (Address) Mash State (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER A B Mark State (Address) Mash State (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. If so, specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (In the public Place of Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Signature of Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Signature of Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Signature of Injury occurred in INDUSTRY, In HOME, or in PU	15. MAIDEN NAME Susan Manette Coon	
Where did injury occur? 17. INFORMANT M. 153 Etta Skiser Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 606 Carrell Que-la Roma PK. Ma 18. BURIAL, CREMATION, OR REMOVAL Place Mash Memorial Jackson 1934 Manner of injury 19. UNDERTAKER A. B. Memorial Company 1934	16. BIRTHPLACE (city or town) all red	Accident, suicide, or homicide? Dete of injury, 19
18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER H B Manuel Company of the Compa	AA: THE WORK.	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place Week. Memorial Packbate New 5	Tr. Int Onmant	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
19. UNDERTAKER A B Region 24. Was disease or injury in any way related to occupation of deceased? (Address) Nucl. B C If so, specify (Signed) Council	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20. FILED Nov 5 1931 26. 6. Rogers (Signed) County 1. During M.	Place Wash, Memorial Jack Date Dev 5 , 1931	Neture of injury
20. FILED Nov 5 1931 20. E. Rogers (Signed) Grand 1. Justice M.		24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1991	(Address) Wash D. G.	
	20. FILED LOV 5 , 193 / 20. 6. No gless. Registrar.	(Signed) Mach San estado, Tahang Park

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ogo	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	Esperative	
Gollstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER STATEMENTS BY P	HYSICIAN
Date of Guset is for	wally not Corre	et tut best
can figure as the	is mapiculates	of mentally - Tiole
detil know.	1	

partion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item Exact statement properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY,

V. S. No. 1

of infor-

of OCCUPA.

Length of residence in city of town where death occurred. J. FULL NAME W. S. Name (a) Residence: No. 1.9 PERSONAL AND STATISTICAL PARTICULARS 3.5EX A. COLOR OR RACE S. SIKUEL MARRIED, WINDOWED, OR DIVORCED (write the word) WATE 1. SEX 1. SEX 1. COLOR OR RACE S. SIKUEL MARRIED, WINDOWED, OR DIVORCED (write the word) W. A. T. S.	STATE OF MARYLA 1. PLACE OF DEATH	ND—CERTIFICATE OF DEATH
Length of residence in city or form where death occurred. 2. FULL NAME W. S. Marie Land D. S. How long in U. S. if of foreign birth? (a) Residence: No. 1.9. Bay D. St., Ward. Ward. St., Ward. Ward. Ward. Ward. Ward. Be Marie Take M. St., Ward. Ward. Be Marie Take M. St., Ward. Ward. St., Ward. Ward. Ward. Ward. Be MeDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH A COLOR OR RACE S. SIKURLE MARKED, WINOVED OR DIVORCED (went the word) Marrie La Date Of Death Ward. St. I maried, widowed, or downcod deceased from the word) Ward. B. Trade, profession, or particular B. Trade, profession, or particular S. SAWR BOOKEEFER atc. S. S	County Mant 90MCX1	Registration Dist. No. 21 +
(a) Residence: No. 19		No. Was la, as han San his lune Hogo Stab Ward
(a) Residence: No. 19		ds. How long in U.S. if of foreign birth?yrsmosds.
MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE		
21. DATE OF DEATH 3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (which he word) WAYER ON DIVORCED (which he word) WAYER ON DIVORCED (which he word) MAYER OF BIRTH (month, day, end year) Se OATE OF BIRT		If nonresident give city or town and State
OR DIVORCED (write the word) Married, widowed, or divorced Married, wide as a stated shove, at 25 f. Je. Married, wide a stated shove, at 25 f. Je. Married, wide a stated shove, at 25 f. Je. Married, wide a stated shove, at 25 f. Je. Married, wide a stated shove, at 25 f. Je. Married, wide a stated shove, at 25 f. Je. Married, wide a stated shove, at 25 f. Je. Married, wide a stated shove, at 25 f. Je. Married, wide a st		
1. Total time (vers) 1. Shart Plank (and the deceased from the state of the state	OR DIVORCED (write th	10 word) November 30
6. DATE OF BIRTH (month, day, end year) Se of 2 8 8 8 8 8 7 7. AGE Years Months Days II LESS than I day. hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs	5a. If married, widowed, or divorced	
1 fast saw h	(or) WIFE of James E. Thomas	
To have occurred on the date stated above, at	E DATE OF REPTH (month day and year) Seat 1 9 181	11 1. 29 01
8. Trade, profession, or particular kind of work done, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, ALMA & A.M. & I. A.M.		SS than to have occurred on the date stated above, at 9/2 A.m.
8. Trade, profession, or particular and of work dome as SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL. 9. SAWYER, BOOKKEPER, etc. 10. Date decessed last worked at this occupation (month and pear) 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT WAS PLACE AND SAWYER, BOOKERS (Address) 18. BURTHPLACE (city or town) 19. What test confirmed diagnosis? 19. West there an auropay? 20. FILED MAY SAWYER, BOOKKEPER, etc. 19. JAME 21. Manner of injury Neture of injury in any way related to occupation of deceased? M. M		min were as follows:
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Washing to m. Des. (State or country) 13. NAME W. W. Chaek Mehrey. 14. BIRTHPLACE (city or town) Washing to m. Des. (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Westhere an auropsy? 21. Informant Washing to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER SALE (AD. Date of Injury) 19. UNDERTAKER SALE (AD. Date of Injury) 20. FILED May 20., 19.3) 21. Therefore the country in any way related to occupation of deceased? 15. Specify (Signed) 24. Was disease or injury in any way related to occupation of deceased? 15. Specify (Signed) 16. MAIDEN TARKER SALE (AD. Date of Injury) Neture of injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased? 16. Signed) 17. Other Contributory Causes of importance: 18. Date of injury Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 19. UNDERTAKER SALE (AD. Date of Injury) 24. Was disease or injury in any way related to occupation of deceased? 19. Other Contributory 19. Undertaker Sale (City or town) 19. UNDERTAKER SALE (City or town) 19. UNDERTAKER SALE (AD. Date of Injury 19. UNDERTAKER SALE (AD. Date of Injury) 20. FILED May 20., 19.3) 21. Charties of importance: 22. Was disease or injury in any way related to occupation of deceased? 19. Other Contributory 19. UNDERTAKER SALE (City or town) 19. UNDERTAKER SALE (AD. Date of Injury 19. UNDERTAKER SALE (City or town) 19. UNDERT	8 Trade profession or particular	Oale ot onset
Other Contributory Casses of importance: Other Contributory Casses of i	SAWYER, BOOKKEEPER, etc	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Washing to m. Des. (State or country) 13. NAME W. W. Chaek Mehrey. 14. BIRTHPLACE (city or town) Washing to m. Des. (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Westhere an auropsy? 21. Informant Washing to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER SALE (AD. Date of Injury) 19. UNDERTAKER SALE (AD. Date of Injury) 20. FILED May 20., 19.3) 21. Therefore the country in any way related to occupation of deceased? 15. Specify (Signed) 24. Was disease or injury in any way related to occupation of deceased? 15. Specify (Signed) 16. MAIDEN TARKER SALE (AD. Date of Injury) Neture of injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased? 16. Signed) 17. Other Contributory Causes of importance: 18. Date of injury Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 19. UNDERTAKER SALE (AD. Date of Injury) 24. Was disease or injury in any way related to occupation of deceased? 19. Other Contributory 19. Undertaker Sale (City or town) 19. UNDERTAKER SALE (City or town) 19. UNDERTAKER SALE (AD. Date of Injury 19. UNDERTAKER SALE (AD. Date of Injury) 20. FILED May 20., 19.3) 21. Charties of importance: 22. Was disease or injury in any way related to occupation of deceased? 19. Other Contributory 19. UNDERTAKER SALE (City or town) 19. UNDERTAKER SALE (AD. Date of Injury 19. UNDERTAKER SALE (City or town) 19. UNDERT	work was done, as SILK MILL,	1931
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Washing to m. Des. (State or country) 13. NAME W. W. Chaek Mehrey. 14. BIRTHPLACE (city or town) Washing to m. Des. (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Westhere an auropsy? 21. Informant Washing to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury. (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER SALE (AD. Date of Injury) 19. UNDERTAKER SALE (AD. Date of Injury) 20. FILED May 20., 19.3) 21. Therefore the country in any way related to occupation of deceased? 15. Specify (Signed) 24. Was disease or injury in any way related to occupation of deceased? 15. Specify (Signed) 16. MAIDEN TARKER SALE (AD. Date of Injury) Neture of injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased? 16. Signed) 17. Other Contributory Causes of importance: 18. Date of injury Where did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) 19. UNDERTAKER SALE (AD. Date of Injury) 24. Was disease or injury in any way related to occupation of deceased? 19. Other Contributory 19. Undertaker Sale (City or town) 19. UNDERTAKER SALE (City or town) 19. UNDERTAKER SALE (AD. Date of Injury 19. UNDERTAKER SALE (AD. Date of Injury) 20. FILED May 20., 19.3) 21. Charties of importance: 22. Was disease or injury in any way related to occupation of deceased? 19. Other Contributory 19. UNDERTAKER SALE (City or town) 19. UNDERTAKER SALE (AD. Date of Injury 19. UNDERTAKER SALE (City or town) 19. UNDERT	10. Date decessed last worked at 1f. Totel time (years	
12. BIRTHPLACE (city or town) Washing ton Deland Control Contr	year)	20410
(State or country) (State or country) (ABIRTHPLACE (city or town) Was a sactory to the state of operation. (State or country) (Specify city or town, country and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Address)	12. BIRTHPLACE (city or town) Washington De	
What test confirmed diagnosis? Wes there an au'opsy? 16. MAIDEN NAME Q y Q q y o t Q u e e v		- Chronic Bronchitie 1916
What test confirmed diagnosis? Westhere an au'opsy? 16. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMANAL Place TOTAL (Address) 19. UNOERTAKER (Address) (Address) (Address) (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) (Address) (Address) (Signed) (Signed) (Signed) (Address)	13. NAME Mr. Michael Kelley.	
What test confirmed diagnosis? Wes there an au'opsy? 16. MAIDEN NAME Q y Q q y o t Q u e e v	14. BIRTHPLACE (city or town) Washing ton De	Name of operation
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) To Mong Park Make Place Dele 3., 193/ Neture of injury 19. UNDERTAKER Delection of deceased? (Address) To Mong Park Make Place Delection of deceased? 19. UNDERTAKER Delection of deceased? 24. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) To Mong Park Make Place Delection of injury 19. UNDERTAKER Delection of deceased? (Address) To Mong Park Make Place Delection of deceased? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) To Mong Park Make Place Delection of injury 19. UNDERTAKER Delection of injury (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Address) Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park M	(State of Country)	
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) To Mong Park Make Place Dele 3., 193/ Neture of injury 19. UNDERTAKER Delection of deceased? (Address) To Mong Park Make Place Delection of deceased? 19. UNDERTAKER Delection of deceased? 24. Was disease or injury in any way related to occupation of deceased? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) To Mong Park Make Place Delection of injury 19. UNDERTAKER Delection of deceased? (Address) To Mong Park Make Place Delection of deceased? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) To Mong Park Make Place Delection of injury 19. UNDERTAKER Delection of injury (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Address) Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park Make Place Delection of deceased? (Signed) To Mong Park M	TO MAIDEN NAME THOUGHT M Sures	
17. INFORMANT WAS Interest and Sanitarium Records. (Address) To Mong Part Medical Secretary occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) To Mong Part Medical Secretary occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) To Mong Part Medical Secretary occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased? (Address) Medical Secretary occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER OF THE MEDICAL SECRETARY OF THE MEDICAL SECRETAR	(Stete or country)	
18. BURIAL, CREMATION, OR MANAGE STATE STATE OF THE PROPERTY O	17. INFORMANT Washington Sanitaxium Necard	(Specify city or town, county and State)
Place 40 Meture of injury 19. UNOERTAKER STURIES (Address) 10 4 Meture of injury in any way related to occupation of deceased? 40 20. FILED 130, 193) 350 Dadluft (Signed) -6 Taylor Meture of injury in any way related to occupation of deceased? 40 (Signed) -6 Taylor Meture of injury in any way related to occupation of deceased? 40 (Signed) -6 Taylor Meture of injury in any way related to occupation of deceased? 40 (Address) Weshington Samutanin (Colonica)	18. BURIAL, CREMATION, OF REMOVAL SUL 100 2	Manner of injury
(Address) 80 4 - W Dt New 16 so, specify (Signed S- 6 Taxenfor) (Address) Weshington Samuranin Todoman	Place to fit was My Date VILL 3.	
20, FILED VIG. (Address) Washington Santarin Tahomay	19. UNDERTAKER STUDIES (Address) 80 4 - W St New .	
	£V1 1 1 6 6 V	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:	124-2000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	IL SPACE FOR FU		

PHYSICIANS should state Exact statement of OCCUPA-. Every item of inforproperly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. -WRITE PLAINLY,

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10610
County Managorary	Registration Dist. No. 21/8
Village or City January (IF	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Virgie del /ho	mpson
(a) Residence: No. garthersburg, me	7 St. Ward. Route 1
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ((or) WIFE of Alberto For Theorefron	22. 7 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 400 - 9 - 1893	I last saw h. L. elive on Arov 6 , 1937; death is said
7. AGE. Years Months Days If LESS than	to have occurred on the date stated above, atm.
48 11 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	Caremona of Storaca
kind of work done, es SPINNER. Kind of work done, es SPINNER. SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at 7 this operation (month and specific property) spent in this	
10. Date decesed last worked at 729/3/ 11. Total time (yeers) spant in this year) cocupation.	
12. BIRTHPLACE (city or town) Manyland, (State or country)	Dither Contributory Causes of importance: from
- VI	
13. NAME Benjamin promise Health Heal	Name of operation. Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jarah Louson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
17. INFORMANT Albut & I hompson (Address) General Address	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, GREMATION OR REMOVAL Place Place Date 11-10, 1931	Manner of Injury
19. UNDERTAKER ESMEST C Gartiels (Address) authorities mag.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Mr 9, 1931 (4 achil Dur Telu Registrar.	(Signed) (Address) garthersping and
q Acgusta.	7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(220)
County Moulgomery	Registration Dist. No.
Village or City near Silver String	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds H6W long in U.S. if of foreign birth?yrsmosds.
Length of residence in city or town where death occurred yrs	os. us flow foligiti o. 3. it of foligiti birth:
2. FULL NAME of als muliplu	us I now
(a) Residence: No. 17 P. D. Oulure Arriving (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF, RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Finals While Worked (write the word)	(Month) (Day) (Year)
5a II marriad widowed or divorced	
HUSBAND OF COT WIFE OF DAY	22. HEREBY CERTIFY, That I attanded daceasad from
D. 1. H 1869	Acres de la constante de la co
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h 2 alive on 1931; death is said to have occurred on the data stated above, at 2.35 H.m.
7. AGE Tears Months Days 17 Less than	S. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
2 Trade explanation or particular	were as follows: Date of one of the second
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	Comment of 11/19/3
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	
year) occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Dallmore	arteriosclerosis. Serisa
(State or country) Manyland	- glan
13. NAME Philip Briderer 14. BIRTHPLACE (city or town) Ballings	
14. BIRTHPLACE (city or town) Ballinine	Name of oparetion Date of L
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME S. D. Slans berry 16. BIRTHPLACE (city er town) Baltimine S. State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
(State or country)	Accident, suicide, or homicide?
no fol 1 A The E	Where did injury occur? (Specify city or town, county and State)
(Address) R. F. D. Salves Spines mo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Dried Redge Legate nov 23, 193	
11ma Parka Tunklare	24. Wes diseasa or injury in any way related to occupation of deceased?
19. UNDERTAKER W.M. Taubey Jungo Way (Address) Poch wells mid.	If so, specify
The second of th	(Signad) Graffernecke . M. D.
20 FILED WAY 27, 1931 To Suddy Registrar.	(Address) 5634 Georgia are, Wash, DB.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF	- MARY	LAND-	CERTIFICATE OF DEATH	4
1. PLACE OF DEATH			<u></u>	
County Montgomery			Registration Dist. No.	
Village or City Burnt Mill			If death occurred in a hospital or institution, give its NAME instead of street and number)	ard
Length of residence in city or town where dea	ith occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Alice L.	Tucker			
(a) Residence: No. Burnt Mi	Usual place of	l . of abode)	St., Ward. If nonresident give city or town and State	ename.
PERSONAL AND STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
female white	or divorced marri	RIED, WIDOWED, (write the word) 3 d	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced			22. I HEREBY CERTIFY. That I attended deceased	from
(or) WIFE of William Tuck	er		22. HEREBY CERTIFY. That I attended deceased	
6. DATE OF BIRTH (month, day, and year) Jan		271	1 last saw h. alive on 15 1931; death is	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 23%m.	
60 10	10	1 day,hrs.	THE PAINCIPAL CAUSE OF DEATH and related couses of importance	
8 Trade profession or particular			were as follows: Date of o	uset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lousewi	(e	acute Oyranizalimana Nov.	17-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Intenstitut supposte	
SAW MILL, BANK, etc	11. Total ti	mo (years)		
this occupation (month and year)		pation		
12. BIRTHPLACE (city or town)			Other Contributory Cances of importance:	
(State or country) Maryla	nd		- Destilia Mellidua 19.	20
13. NAME Oliver T. Van	Horn		Hyper Tennery, 19	30
13. NAME Oliver T. Van			Name of operation	
(State of country) I CITIES	rlvania		What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Sarah Mull	igan		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Sarah Mull	ct of	Columbia		
(State of County)			Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT William Tuck (Address) Burnt Mills	er , Md.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CHEMAXIAN OR XENTRIAL	Man	30 03	Manner of injury	
Place Lay Hill Cem.	Date NOV	• 1.7, 19⊋ J.	Nature of Injury.	
19. UNDERTAKER Warner E. Pu (Address) Rockville			24. Was disease or injury In any way related to occupation of deceased?	2
	F.G. Wu	_	(Signed) All Hear Cure;	M. D.
If more b.	lanks are needed,	ddress State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No., 1.	-

re blanks are needed, nddress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

nd

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 3	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

laborer, business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Saleeman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia additional line is provided for the latter statement; if cupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. gaged in doncertic service for wages, as screen, cons. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness (i various pursuits can be known. The ques-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, in domestic service for wages, as Scrault, Cook For many occupations a single word or term on who are engaged in the duties of the Stationary fireman, etc. But in Locomoliec (b) - Grocery, engincer, many

Statement of Cause of Death—Name, first, the Missease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-honnieide; Poisoned by atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease approved by Committee on Nomenclature or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS STATE MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. valvular heart The contributory Always qualify all discase; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-Exact statement properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

1. PLACE C	OF DEATH		(93	(0)		13279
County	Montgomery				Registration Dist. No.	213
Village or	city Potomac,	Md.		No	*****	St.,V
Length of re	sidence in city or town where	death occurred			institution, give its NAME instead of S. if of foreign birth?yrs.	
	AME Jacob S					
		ac, Md.		St., Ward.		
		(Usual place			ff nonresident give city	
	NAL AND STATIST				L CERTIFICATE OF D	EATH
male male	white	OR DIVORCE WICOW	RRIED, WIDOWED, ED (write the word) EQ	21. DATE OF DEAT	(Month) 18 (Da)	, 193 (Year
5a. If married, with HUSBAND of (or) WIFE of	Rose W	lenner (2	(Idnied)	22. 1 HERE	BY CERTIFY, That	
	(month, day, and year) M8	rch 30,	1844	I last saw h alive or	-4 6	, 1971; death is
	ears Months	Days	If LESS than I day,hrs.	The PRINCIPAL CAUSE OF	stated above, at 11 7 Am. DEATH and ralated causes of impo	rtance
8. Trade, prof	ession, or particular	1 18	ormin.	well as follows:	•	Oate of c
kind of SAWYE	work done, as SPINNER, R, BOOKKEEPER, etc.	Retire	d Farmer	Charles 14	wood the	link
9. Industry or	business in which as dona, as SILK MILL,				7	
SAW M	ILL, BANK, etc	ore h		-		
TIII3 OCC	sed last worked at upation (month and	LL Sps	time (years)			
12. BfRTHPLACE (city or town) Virginia			Other Contributory Causes of	Corterio Sole	V6 800	
(State or country)						
13. NAME	Jacob Wenner					
13. NAME Jacob Wenner 14. BIRTHPLACE (city or town) (Stata or country) Virginia					7	
	AME Eliza Ric				s?Wa	
I		,1101			al causes (VIOLENCE) fill in also t e? Data of inj	
O 16. BIRTHPLACE (city or town) (Stata or country) Virginia				Where did injury occur?	er Data or inj	ury, 19
17. INFORMANT Max Wenner .					(Specify city or town, cou	nty and State)
(Address) Potomac, Maryland 18. BURIAL, CREMATION, OR REMOVAL Place Union Cemetery Date Nov. 21, 1931			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
			Manner of injury	***************************************		
			Natura of Injury			
19. UNDERTAKER Warner E. Pumphrey (Address) Rockville, Maryland			24. Was disease or injury in a	ony way related to occupation of de	eceased? NO	
20. FILED NOV 20, 1921 Mus. 4. T. Peatl				(Signed) (Address)	Piay.	
	If more	blanks are needed		2411 N. Charles Street, Baltimor	Properties 71 S. No.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	RECEI/E	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	DEC 3 mor	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.				
Other contributory cause	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Ö.	SICI	staten	
RECOR	r. PHY	Exact s	
RMANENT	XACTLY	classified.	•
IS A PE	stated E	properly	certificate
HIS	be	be	of
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EV	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem	TION is very important. See instructions on back of certificate.
4			

1. PLACE OF DEATH County Martametres	(a) 1325U
County Mortamers	
vount	Registration Dist. No &//
Village or City Alnes - Montgom	erso Co. Essesal Hospital Ward
to the all	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	How long In U. S. if of foraign birth?wismos ds.
2. FULL NAME Male infant Willes	emo
(a) Residence: No. Rockeville M. R. F. d	7 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
There exists	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Nov. 10 1931 to 700 - 10 1931
6. DATE OF BIRTH (month, day, and year) Hor. 10. 1931	I last saw har dive on Hov. 10, 19-31; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 750 Am.
Still form ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8 Trada profession or particular	Date of onset
kind of work done, as SPINNER, France	Stellberth due lo 6he
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10 date deceased last worked at this occupation (month and	marainal placenta prairie belo
work wes done, as SILK MILL, SAW MILL, BANK, etc.	with presenting acharation with
O 10 Oate deceased last worked at this occupation (month and year) spent this occupation occupation	
year) to the second	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town). Manage Co. State or country)	
	None
14. BIRTHPLACE (city or town) Manage Co-	
14. BIRTHPLACE (city or town) Manla. 10-	Nama of operation 2002 Data of
(Stata of country)	What test confirmed diagnosis? They can fulfill that there an autopsy
16. BIRTHPLACE (city or town) Juning 16. BIRTHPLACE (city or town) Juning 16.	23. If deeth was due to external caused (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
E (State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Turque D- Walleam	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OF ACTIONAL ED D.	
Place A March State Sile VBIC 9 1 1951	Mannar of injory
1 aco 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Natura of injury
19. UNOERTAKER	24. Was disease or injury In any way related to occupation of daceased?
(Address) (Address)	If so, specify
20. FILEO 11-10 1931 Mrs. Barnsley	(Signad) . Sintfaccuard M. D.
Per. Mrs. Peacl - Registrar.	(Address) Kockevelle Man

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exa	mpleTE CEIL	150	Example II		
The principal cause of death and related causes of importance were as follows: DEC 4 19:1			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	,	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	BUREAU	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
		The State of the S			
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroentcritis	1 year	

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	---------	-----	---------	------------	----	-----------

BINDING

FOR

RESERVED

MARGIN

No. 1.

PLACE OF DEATH	STATE OF MARTLAND
Montagner	CERTIFICATE OF DEATH
County	Registration Dist. No. 216
Village or City Leland (No. ,	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowe OR Divorced (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Two. 7 1923 Pto Two. 28 ,1925/.
710121 (Month) (Day) , 1948	that I last saw h 4 alive on 27 ,198 %, and that death occurred on the date stated above, at 3.6.m.
7 AGE 83 yrs	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or Retired particular kind of work	Chronic onterio seleroses. Cultille
(b) General nature of industry	(Destina) are man de
business, or establishment in which employed or (employer)	(Duration)yrs.,mosde,
(State or country) Llelaware Co. New yo	Contributory Secondary (Duration)
10 NAME OF Peter Wilson	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Llelawale 6. New. You 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Jane waterous	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) unknown	At place of death yrs. mos da, State,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Olive Wilson Phillefas	Former or usual residence
(Address) Betharda Md.	Washington Ll C. Nov. 29, 1931
Filedhor 2 8 131 Denie Gerry Resistration	Marlin W. Hysonglo 1300H of MW.
If more blanks are needed, address State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. Wash All

13221

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and Americau Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write None. tircd 6 yrs.). gaged in domestic service for wages, as Servent, Cook Housemaid, etc. to report specifically the occupations of persons enployed, as At school or At home. Care should be takeu definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocete., applies to each and every person, irrespective of For many occupations a single word or term on or At without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation If the oecupation has been chauged -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fover (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or Polsoned by carbolic acid-probably suicide. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from ebildbirth or miscarriage as ean be ascertained as the cause. Always qualify all ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely "Puerperal scpticaemia," "Puerperal poritonitis," "Uraemia," "Weakness," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemorsymptomatie), "Atrophy," "Collapse," vulsious." causing stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of(name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men Whooping cough; Chronic valvular heart disease; death), 29 ds.; Bronchopncumonia "Debility" ("Congenital," "Senile," etc.), Example: Mcasles (disease "Coma," (second-

If this certificate is looked over thoroughly and all questions unswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	13464 STATE OF MARYLAND
County // County	CERTIFICATE OF DEATH
	Registration Dist. No. 2/4
Village or City files 1911	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Thanks Huy	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH // // // // // // // // // // // // //
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931 to 15, 13, 1, that I last raw have alive on 1931,
7 AGE 13 yrs. 5 mos. 0 ds. or min.?	and that deeth occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Susting Tubuculoin
business, or establishment in which employed or (employer)	(Duration) yts. mos. de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER archie Willen	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Saphelle Sery	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant)	19 PLACE OF BURNAL OR REMOVAL DATE OF BURNAL
(Address) blos from M.	Selver Spring ANV. 18, 1931
Filed you 16 1931 JE Williams	WE. Javin 1432 Janks
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

45030

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

er," etc., fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould he used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of worked on may form part of the second statement. Never return "Lahorer," "Forcman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, state occupation at heginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, whatever, write None. husiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Architect, Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can he ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping telanus) may he stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underapproved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condihy Committee on Nomenclature cough; Chronic valvular heart disease; nephritis, etc. The contributory Example: Measles (disease not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SOEIVED